

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*2. Type of Application

- ☐ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

Special Allocation

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Milwaukee

*b. Employer/Taxpayer Identification Number (EIN/TIN):
39-6005532

*c. Organizational DUNS:
00-643-4211

d. Address:

*Street 1: 200 East Wells Street; Room 606
Street 2: _____
*City: Milwaukee
County: Milwaukee
*State: Wisconsin
Province: _____
*Country: U. S. A.
*Zip / Postal Code 53202

e. Organizational Unit:

Department Name:
Department of Administration

Division Name:
Community Development Grants Administration

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. *First Name: Steven
Middle Name: L.
*Last Name: Mahan
Suffix: _____

Title: Block Grant Director

Organizational Affiliation:

*Telephone Number: (414) 286-3842

Fax Number: (414) 286-5003

*Email: Smahan@milwaukee.gov

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***9. Type of Applicant 1: Select Applicant Type:**

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U. S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.218

CFDA Title:

Neighborhood Stabilization Program 3 (NSP3)

***12 Funding Opportunity Number:**

FR-5447-N-01

*Title:

Neighborhood Stabilization Program (NSP3)

13. Competition Identification Number:


Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Milwaukee CDBG Target Area

***15. Descriptive Title of Applicant's Project:**

Neighborhood Stabilization Program (NSP3) - City of Milwaukee

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16. Congressional Districts Of:		
*a. Applicant: 4,5	*b. Program/Project: 4,5	
17. Proposed Project:		
*a. Start Date: Upon signature of Grant Agr in 2011	*b. End Date: 3 YRS - 2014	
18. Estimated Funding (\$):		
*a. Federal	2,687,949	
*b. Applicant	0	
*c. State	0	
*d. Local	0	
*e. Other	0	
*f. Program Income	0	
*g. TOTAL	2,687,949	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input checked="" type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Mr.	*First Name: Tom	
Middle Name:		
*Last Name: Barrett		
Suffix:		
*Title: Mayor, City of Milwaukee		
*Telephone Number: (414) 286-2200		Fax Number: (414) 286-3191
* Email: mayor@milwaukee.gov		
*Signature of Authorized Representative: 		*Date Signed: 2/12/11

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***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.